

81ST RSC ENVIRONMENTAL INTERNAL COMPLIANCE ASSESSMENT

Inspector:

Next Inspection Due::

Inspection Date::

FACID:	<input type="text"/>
FAC_TITLE:	<input type="text"/>
ADDRESS:	<input type="text"/>
	<input type="text"/>
POC:	<input type="text"/>
PHONE:	<input type="text"/>
FAX NUMBER:	<input type="text"/>
Facility Manager:	<input type="text"/>
FAST:	<input type="text"/>
Shop Foreman:	<input type="text"/>
Total Number of Reservist:	<input type="text"/>
Type of Units:	<input type="text"/>
Total Number of Full-time Personnel:	<input type="text"/>
Number of Hazwaste Storage Buildings:	<input type="text"/>
Date Built:	<input type="text"/>
Unmanned Center:	<input type="text"/>
Number of Vehicles:	<input type="text"/>
FACILITY TYPE	<input type="text"/>
City Water:	<input type="text"/>
City Sewer System:	<input type="text"/>

INSPECTOR NOTES

ENVIRONMENTAL RECORDS

I. PREVIOUS INSPECTIONS

- I. Copies of ALL Env Inspections for past 3 yrs:
(BMP, 81st RSC SOP)

YES	NO	N/A
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Category
3

II. HAZARDOUS WASTE MANAGEMENT

- II.a HW Min and HW MGT Plan on file:
(40 CFR 262.41)

YES	NO	N/A
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2

- II.b Quarterly HW Generator report (Form 5-R):
(BMP, 81st RSC SOP)

YES	NO	N/A
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3

- II.c Manifests Filed chronologically:
(40 CFR 262.20)

YES	NO	N/A
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2

- II.d HW Hauler Invoices:
(40 CFR 262.20)

YES	NO	N/A
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2

III. HAZARDOUS MATERIALS MANAGEMENT

- III.a Haz Mat Inventory Conducted Semi-Annually
(Form 6-R): (EPCRA SEC 313)

YES	NO	N/A
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2

- III.b Toxic Chemical Release Inventory (Form 7-R):
(EPCRA SEC 313)

YES	NO	N/A
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2

IV. HAZARD COMMUNICATION

- IV.a Written Hazcom program:
(29 CFR 1910.1201)

YES	NO	N/A
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2

V. SPILL REPONSE PLAN

- V.a Site specific spill plan:
AR200-1, 81st RSC

YES	NO	N/A
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3

- V.b Emergency Contacts Current:
(40 CFR 262.34)

YES	NO	N/A
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2

- V.c Spill Record:
(40 CFR 302.06)

YES	NO	N/A
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2

VI. STORAGE TANK MANAGEMENT

VI.	Number of AST's: <input type="text"/>	Number of UST's: <input type="text"/>
	Number of AST > than 660 gal: <input type="text"/>	Number of Active: <input type="text"/>
	Tanks used for: <input type="text"/>	

VII. ENVIRONMENTAL TRAINING

- VII. Environmental Training Documented and Filed:
(40 CFR 262.34, 29CFR 1910.120)

YES	NO	N/A
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2

- Hazwoper for AMSA/ECS/OMS personnel::
(29 CFR 1910.120)

YES	NO	N/A
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2

- Hazwaste Handler for AMSA/ECS/ASF:
(40 CFR 262.34, 29 CFR 1910.120)

YES	NO	N/A
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2

- Annual Hazcom for all personnel::
(29 CFR 1910.1201)

YES	NO	N/A
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2

ENVIRONMENTAL RECORDS

VIII. WATER QUALITY

Category

VIII.a	OWS Maintenance Documentation on File: 81ST RSC SOP	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		3
VIII.b	Storm Water Permit Required: CWA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	SW Permit #: <input type="text"/>	2
VIII.c	Storm Water Sample Record: 40 CFR 122.21	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		2
	SW Samples Taken Annually: 40 CFR 122.21	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		2
	Storm Water Plan:: 40 CFR 122.21	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		2
	Storm Water Training (Annually): 40 CFR 122.21	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		2

IX. AIR QUALITY

IX.	Air Emissions Statement on File: AR 200-1	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		3
	Asbestos Survey on File: AR 200-1	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		3
	O M Plan: AR 200-1	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		3
	Radon Test Results on File: AR 200-1	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		3

X. INDOOR FIRING RANGES

X.	Record of range test: AR 200-1	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		3
	Firing Range Status: 81ST RSC SOP	<input type="checkbox"/>		3
	Firing Range Closure or Conversion Date: 81ST RSC SOP	<input type="text"/>		3

XI. OTHER ENV

XI.a	Pesticide letter: AR 200-1	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		3
	PCB Letter: AR 200-1	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		3
	ICUZ Statement on File: AR 200-1	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		3

HAZARDOUS MATERIAL MANAGEMENT

		YES	NO	N/A	Category
Sufficient ventilation for HazMats: (29 CFR 1910.106)	<input type="checkbox"/>	YES	NO	N/A	2
Haz Mat/Flammable Signs: (29 CFR 1910.106)	<input type="checkbox"/>	YES	NO	N/A	2
HM Covered and Off the Ground: (29 CFR 1910.106)	<input type="checkbox"/>	YES	NO	N/A	2
HM Stored in Proper Container: (29 CFR 1910.106, 49 CFR 172)	<input type="checkbox"/>	YES	NO	N/A	2
HM Stored is compatible: (29 CFR 1910.106, 1910.1200)	<input type="checkbox"/>	YES	NO	N/A	2
POL Drums Covered: (40 CFR 112.7)	<input type="checkbox"/>	YES	NO	N/A	2
Storage area away from drain?: (29 CFR 1910.106, 40 CFR 112.7)	<input type="checkbox"/>	YES	NO	N/A	2
HM Inventory Filed with Fire Department: (EPCRA 311, RSC SOP)	<input type="checkbox"/>	YES	NO	N/A	2,3
HW/HM containers grounded: (29 CFR 1910.106, NFPA)	<input type="checkbox"/>	YES	NO	N/A	2
Flammable Liquids Stored in Closed Containers: (29 CFR 1910.106)	<input type="checkbox"/>	YES	NO	N/A	2
No Excess HM on site:: (29 CFR 1910.106)	<input type="checkbox"/>	YES	NO	N/A	2
HW/HM stored separately: (29 CFR 1910.106)	<input type="checkbox"/>	YES	NO	N/A	2
MSDS's Readily Available for All HM at each HM Storage Area: (29 CFR 1910.1200)	<input type="checkbox"/>	YES	NO	N/A	2
HM containers labeled properly:: (29 CFR 1910.1200)	<input type="checkbox"/>	YES	NO	N/A	2

HM
Note::

HAZARDOUS WASTE MANAGEMENT

		YES	NO	N/A		Category
Incompatible Wastes Separated: 40 CFR 262.34(d)(2)	<input type="checkbox"/>	YES	NO	N/A		1,2
HW Storage Areas Inspected weekly: 40 CFR 262.34, 265.175	<input type="checkbox"/>	YES	NO	N/A		2
Containers Free from Leaks and Spills: 40 CFR 262.34, 265.171	<input type="checkbox"/>	YES	NO	N/A		2
Waste Containers Compatible with Waste: 40 CFR 262.34, 265.172, 177	<input type="checkbox"/>	YES	NO	N/A		2
Hazardous Waste Labels on Containers: 40 CFR 262.34(c)(1)(ii)	<input type="checkbox"/>	YES	NO	N/A		2
HW Containers Kept Closed: 40 CFR 262.34, 265.173	<input type="checkbox"/>	YES	NO	N/A		2
Dumpster Marked "No Haz Waste Solid Only": 81ST RSC SOP	<input type="checkbox"/>	YES	NO	N/A		3
Haz Waste properly disposed: 40 CFR 262.10	<input type="checkbox"/>	YES	NO	N/A		2
Drip pans used to contain leaks:: 81ST RSC SOP	<input type="checkbox"/>	YES	NO	N/A		3
Spill procedures posted:: 40 CFR 262.34	<input type="checkbox"/>	YES	NO	N/A		2
Emergency POC posted:: 40 CFR 262.34	<input type="checkbox"/>	YES	NO	N/A		2
No Distressed Vegetation/ Ground contamination Visible: 40 CFR 262.34, 265.193	<input type="checkbox"/>	YES	NO	N/A		2
EPA ID # Required: 40 CFR 262.12	<input type="checkbox"/>	YES	NO	N/A		2
EPA ID NUMBER: _____ Date EPA # Issued: _____						2

HW Handler Name:	
HW Handler Address:	
HW Handler Phone:	

HW Note::

POLLUTION PREVENTION

Category

Anti-Freeze recycled:

<input type="checkbox"/>	YES	NO	N/A
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3

Used oil recycled:

<input type="checkbox"/>	YES	NO	N/A
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3

No Distressed Veg/ Ground contamination:

<input type="checkbox"/>	YES	NO	N/A
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2

Recycle Program for paper, cans, and lights:

<input type="checkbox"/>	YES	NO	N/A
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2

Recycling documented:

<input type="checkbox"/>	YES	NO	N/A
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2

Drip pans used to contain leaks:

<input type="checkbox"/>	YES	NO	N/A
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2

Batteries Recycled:

<input type="checkbox"/>	YES	NO	N/A
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2

Sufficient Spill Clean Up supplies:

<input type="checkbox"/>	YES	NO	N/A
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2,3

Vehicles Checked for Leaks:

<input type="checkbox"/>	YES	NO	N/A
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2

P2 Note::

WASHRACKS

WASHRACK STATUS

- ☐ OPEN
- ☐ CLOSED
- ☐ UPGRADED
- ☐ OUT OF COMPLIANCE
- ☐ N/A

OWS STATUS

- ☐ NEEDS UPDATING
- ☐ OPERATIONAL
- ☐ INOPERATIVE
- ☐ N/A

RECIRCULATION SYS

- ☐ OPERATIONAL
- ☐ INOPERATIVE
- ☐ N/A

OWS free of visible oil:

<input type="checkbox"/>	YES	NO	N/A
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2

OWS Serviced Annually:

<input type="checkbox"/>	YES	NO	N/A
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2

Containment Walls:

<input type="checkbox"/>	YES	NO	N/A
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2

Soil around washrack unstained:

<input type="checkbox"/>	YES	NO	N/A
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2

Cement Free of Cracks:

<input type="checkbox"/>	YES	NO	N/A
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2

Washrack Covered:

<input type="checkbox"/>	YES	NO	N/A
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2

Date Washracked Installed:

2

WR Note:

THE PROPONENT AGENCY FOR THIS FORM IS DCSSENGR; REQUIREMENT CONTROL SYMBOL – RCEN81-002

DATE _____

UNIT / ACTIVITY

[illegible]81st RSC Form 6-R, Jan 98

ENCLOSURE 2